STATE OF MARYLAND—CERTIFICATE OF DEATH

06846

V. S. No. 1 (M) (I) (T)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible]. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (952)

County Caroline — Registration Dist. No. 61

Village or City Goldsboro — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred # yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Clara Black — If U. S. Veteran, specify WAR ____

(a) Residence: No. Goldsboro, Md. St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Femail	B	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Black

6. DATE OF BIRTH (month, day, and year): June 16.1877

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	62		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: #

10. Date deceased last worked at this occupation (month and year): July 4.1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Delaware

FATHER

13. NAME: George E.Travis

14. BIRTHPLACE (city or town) (State or country): Delaware

MOTHER

15. MAIDEN NAME: Lucenda Hoxter

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT: John Black

(Address): Goldsboro. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Union Cemetery Date: July 7.1939

19. UNDERTAKER: Raymond B.Rawlings

(Address): Greensboro. Md.

20. FILED: July 7, 1939 L. Mae Pippin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 4th (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h[illegible] alive on ____, 19____; death is said to have occurred on the date stated above, at ____ m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Sudden Death	
Chronic Heart Disease	
High Blood Pressure	

Other **Contributory Causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) William H Mitchell M. D.

(Address) Denton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 2 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06847

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Caroline Registration Dist. No. 66

Village or City Ridgely No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? ✓ yrs. ✓ mos. ✓ ds. ✓

2. FULL NAME Baby Butler If U. S. Veteran, specify WAR ✓

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) July 29, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, 0 hrs. or 0 min.
0	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Ridgely (State or country) Maryland

FATHER

13. NAME ~~Frank Wentley~~ Willard Thawley Butler

14. BIRTHPLACE (city or town) Hobbs Caroline (State or country) Maryland

MOTHER

15. MAIDEN NAME Ruth Loretta Witmer

16. BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

17. INFORMANT Willard Butler (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Denton Date July 30, 1939

19. UNDERTAKER J Virgil Moore (Address) R.T.M.

20. FILED July 29/39 J D Davis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 0, 19 , to July 0, 19 ; I last saw her alive on 0, 19 ; death is said to have occurred on the date stated above, at P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still Birth

apparently placental disease

Date of onset

Other Contributory Causes of Importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J Hufer M. D.

(Address) Ridgely Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 2 1930
BUREAU V. S.

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

06848

CERTIFICATE OF DEATH

Reg. Dist. No. 67

1. PLACE OF DEATH:

County Tarolina County

City or town _____ (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Denton Md

Stay in hospital or inst. (yrs., or mos., or days) _____

Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Mrs Ella Ewring

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Capt. Samuel Ewring

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): June 8 1860

8. AGE: Years 79 | Months 1 | Days 2 | If less than one day _____ hrs. _____ min.

9. Birthplace: Concord Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: William Wright
13. Birthplace: Md.

MOTHER
14. Maiden name: Eliza Autobridge
15. Birthplace: Md

16. Informant: Mrs Ida Neighbors
Address: Denton Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 7-9-39 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md.

18. Funeral director: J. Virgil Moore & Son
Address

19. July 8 1939 (Date rec'd by registrar) Mrs A. O. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1939, at 8A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1939, to July 6 1939, and that I last saw her alive on July 5 1939.

Immediate cause of death: Chronic Bright's Disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: Melvin N Nuelick M. D. or other

Address: Denton Md Date signed 7/8/39

RECEIVED
AUG 5 1939
BUREAU V. S.

06849

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Caroline (93-C) Registration Dist. No. 66

Village or City Ridgely No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carroll H. Griffin If U. S. Veteran, specify WAR

(a) Residence: No. Ridgely. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	/ B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Griffin

6. DATE OF BIRTH (month, day, and year) April 16. 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laboror

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 2. 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Isaac Griffin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Walker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Carrie Griffin (Address) Ridgely. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Denton. Md. Date July 19. 1939

19. UNDERTAKER Raymond B. Rawlings (Address) Greensboro. Md.

20. FILED July 18, 1939 J. W. Davis. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 16 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 3 1939, to July 16, 1939

I last saw him alive on July 15, 1939; death is said to have occurred on the date stated above, at 2:20 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other Contributory Causes of importance:

Arteriosclerotic Cardio Vascular Disease

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H. Stoneseifer M. D.

(Address) Greensboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted] WITH UNFADING INK—THIS IS A PERMANENT RE[redacted]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 2 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 64

06850

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County: Caroline
(b) City or town: Near Federalsburg Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days): None
(e) Length of stay in this community (yrs., mos., or days): full life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State: Maryland (b) County: Caroline
(c) City or town: Federalsburg - Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.: Houston's Branch Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Gladys Rebecca Hardy

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~: Charles Hardy

6. (c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): March 28, 1914

8. AGE: Years: 25 | Months: 3 | Days: 6 | If less than one day: _____ hr. _____ min.

9. Birthplace: Federalsburg, Md.
(Town, county, and state)

10. Usual occupation: housework

11. Industry or business: None

FATHER
12. Name: Orrie N. Briggs
13. Birthplace: Federalsburg, Md.

MOTHER
14. Maiden Name: Alice Gertrude Shepherd
15. Birthplace: Federalsburg Md.

16 (a) Informant: Orrie F. Briggs
(b) Address: Federalsburg, Md.

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof: 7 (month) 6 (day) 39 (year)
(c) Cemetery or crematory: Fed. Colored Cemetery
Location: Federalsburg Md.

18 (a) Funeral director: C. W. Adams
(b) Address: Federalsburg, Md.

19 (a) July 6, 1939
(Date rec'd by registrar)
(b) S. S. Framptom
Registrar

MEDICAL CERTIFICATION

20. Date of death: 7/4/1939, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1/1939, to 7/4/1939, and that I last saw him alive on 7/4/1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: -
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Frank M. Anderson M.D.
M. D. or other
Address: Federalsburg, Md. Date signed: 7/5/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (34) Reg. Dist. No. 64

CERTIFICATE OF DEATH

06851

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Federalsburg, Md. R.F.D. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) full life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Caroline
(c) City or town Federalsburg - Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Houston's Branch Road (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Theresa May Hardy

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: None

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) February 10, 1938

8. AGE: Years 1 | Months 4 | Days 27 | If less than one day _____ hr. _____ min.

9. Birthplace Federalsburg, Md. R.D.# (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Charles Hardy.
13. Birthplace Norfolk, Va.

MOTHER
14. Maiden Name Gladys R. Briggs
15. Birthplace Federalsburg, Md.

16 (a) Informant Mrs. Orrie Briggs
(b) Address Federalsburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/1939 (month) (day) (year)
(c) Cemetery or crematory Federal Hill Cemetery
Location Federalsburg, Md.

18 (a) Funeral director C. W. Adams
(b) Address Federalsburg, Md.

19 (a) July 8 1939 (Date rec'd by registrar) (b) T. S. Evans Jr. Registrar

MEDICAL CERTIFICATION

20. Date of death July 7 1939, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1937 to July 7 1939
and that I last saw him alive on July 6 1937

Immediate cause of death: Congenital Syphilis — Duration: 16 months
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank M. Anderson M.D. (M. D. or other)
Address Federalsburg Date signed July 8, 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93a)

116852

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Near Denton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Irwin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Wh	widow

6 (b) Name of husband or wife John Irwin

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 3rd 1873

8. AGE: Years	Months	Days	If less than one day
66	3	28	hrs. min.

9. Birthplace Denton Caroline Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Alfred Carter

13. Birthplace Md.

MOTHER 14. Maiden name Lillie Humphrey

15. Birthplace Md.

16. Informant Mrs. Samuel Dickey

Address Denton

17. (Burial, cremation, or removal. Which?) Date thereof Aug. 3 '39
(month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton

16. Funeral director J. Virgil Moore & Son

Address Denton

19. Aug 3 1939 (Date rec'd by registrar) Mrs D. C. Geoghegan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27 1939, to July 31 1939, and that I last saw h- alive on July 31 1939

Immediate cause of death	DURATION
Due to Acute Myocarditis	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (St-

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thomas D Geoghegan M. D. or other

Address Denton Md. Date signed 8/3/39

RECEIVED
AUG 5 1939
BUREAU V. S.

VS. A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 64

06853

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Federalsburg - Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 5 weeks

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Delaware (b) County Sussex
(c) City or town Bridgeville - Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mary Virginia Jackson

3 (b) If veteran, name war —

3 (c) Social Security No. 222-05-6931

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Clarence Jackson

6. (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) June 7, 1903

8. AGE: Years 36 | Months 1 | Days 19 | If less than one day ____hr. ____min.

9. Birthplace Sussex County, Delaware
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home

FATHER
12. Name Daniel Gordon
13. Birthplace Delaware

MOTHER
14. Maiden Name Caroline V. Nichols
15. Birthplace Maryland

16 (a) Informant William Gordon
(b) Address Federalsburg, Maryland, R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30, 1939 (month) (day) (year)
(c) Cemetery or crematory Bethel Cemetery
Location Federalsburg, Maryland, R.F.D.

18 (a) Funeral director J. J. Frampton & Son
(b) Address Federalsburg, Maryland

19 (a) July 26 1939 (Date rec'd by registrar) (b) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. Date of death July 26 1939, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1939, to July 26 1939, and that I last saw him alive on July 21 1939.

	Duration
Immediate cause of death Myocarditis	5 days
Due to Senility probably Influenza	7 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gardner Spring M.D.
M. D. or other
Address Salisbury Md Date signed 8/1/39

RECEIVED
AUG 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06854

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Queen Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Johns

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Col.	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Denton Md

8. AGE: Years | Months | Days | If less than one day
Still Born hrs. min.

9. Birthplace Denton Caroline Co Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business "

FATHER
12. Name David T. Johns
13. Birthplace Queen Anne Md

MOTHER
14. Maiden name Pearl E. Murray
15. Birthplace Caroline Co Md

16. Informant David T. Johns
Address Queen Anne Md

17. Sandtown Burial Date thereof July 26 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Sandtown
Location Sandtown Md

18. Funeral director J. V. Moore & Son
Address Denton Md

19. 7/26 1939 Thos D. George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19,
and that I last saw h alive on 19

Immediate cause of death	DURATION
Still Born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thomas D. George M. D. or other
Address Denton Md Date signed 7/26/39

RECEIVED
AUG 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06855

1. PLACE OF DEATH

County CAROLINE Registration Dist. No. 62

Village or City Denton No. 810 Main St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Effie W. Johnson If U. S. Veteran, specify WAR

(a) Residence: No. Lewistown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C. Johnson

6. DATE OF BIRTH (month, day, and year) Dec. 27, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	56	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) April 30, 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Talbot County Md.

FATHER

13. NAME Zebral Cooper

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md.

MOTHER

15. MAIDEN NAME Louise Smith

16. BIRTHPLACE (city or town) (State or country) Centreville Md.

17. INFORMANT (Address) Anna E. Johnson West Point Va

18. BURIAL, CREMATION, OR REMOVAL

Place Easton, Md Date July 3, 1939

19. UNDERTAKER (Address) Maurice E. Newnam & Son Easton, Maryland

20. FILED July 1, 1939 Wm D O George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 1st (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to July 1, 1939

I last saw her alive on July 1, 1934; death is said to have occurred on the date stated above, at 9:25 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cancer - Head of Pancreas

Date of onset

Other Contributary Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) [signature] M. D.

(Address) Denton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06856

1. PLACE OF DEATH

County Caroline Registration Dist. No. 61

Village or City Greenstown Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Boby Boy Potts If U. S. Veteran, specify WAR

(a) Residence: No. Greenstown Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) July 9, 1939

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenstown Md

FATHER

13. NAME William A. Brown

14. BIRTHPLACE (city or town) (State or country) Ridgely Maryland

MOTHER

15. MAIDEN NAME Geneva Potts

16. BIRTHPLACE (city or town) (State or country) Greenstown Maryland

17. INFORMANT (Address) France Potts Greenstown Md

18. BURIAL, CREMATION, OR REMOVAL Place Cokers New Greenstown Md Date July 10, 1939

19. UNDERTAKER (Address) William A. Brown Ridgely Md

20. FILED July 10, 1939 L. MacLippin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1939, to , 19

I last saw alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Shell Corn

Date of onset

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles H Stoneufer M.D.

(Address) Greenstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 2 1927
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 64

06857

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Caroline
(b) City or town Federalsburg
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 4 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Caroline
(c) City or town Federalsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Araminta S. Richardson

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Frederick H. Richardson

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 12, 1865

8. AGE: Years 73 | Months 9 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER
12. Name William H. Stevens
13. Birthplace Talbot County, Maryland

MOTHER
14. Maiden Name Elizabeth Ann Carmine
15. Birthplace Talbot County, Maryland

16 (a) Informant Mrs. Louise Galloway
(b) Address Federalsburg, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1939 (month) (day) (year)
(c) Cemetery or crematory Washington Cemetery
Location Near Hurlock, Maryland

18 (a) Funeral director J. J. Frampton & Son
(b) Address Federalsburg, Maryland

19 (a) July 5 1939 (Date rec'd by registrar) (b) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. Date of death July 4 1939, at 3:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4th 1939, to July 4 1939, and that I last saw him alive on July 4 1939.

Immediate cause of death	Duration
Coronary Thrombosis	12 hrs.
Due to Chronic Myocarditis	10 yrs
Due to Essential Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank M. Anderson M. D. or other
Address Federalsburg Date signed 7/5/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06858

1. PLACE OF DEATH (59)

County Caroline Registration Dist. No. 60

Village or City Goldsboro. Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William B. Satterfield If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Satterfield

6. DATE OF BIRTH (month, day, and year) July 31, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) June 18, 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Satterfield

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Nancy Jones.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT (Address) Mrs. Rosa Satterfield Goldsboro Md.

18. BURIAL, CREMATION, OR REMOVAL Place Greensboro Md Date July 8, 1939

19. UNDERTAKER (Address) Raymond B. Rawlings Greensboro Md.

20. FILED July 7, 1939 A C Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 39, to 7/4 39

I last saw her alive on 7/3, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Diabetes

Date of onset

Other Contributory Causes of importance: Diabetic Coma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. F. Silver M. D.

(Address) Goldsboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

1939
72
17

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 12 1939
BUREAU V. R

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06859

STATE OF MARYLAND—CERTIFICATE OF DEATH

(174)

1. PLACE OF DEATH

County Caroline Registration Dist. No. 62

Village or City Denton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. 7 mos. 12 ds. How long in U. S. if of foreign birth? 18 yrs. mos. ds.

2. FULL NAME Thomas Burdett Taylor If U. S. Veteran, specify WAR

(a) Residence: No. High St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED (write the word)~~
male	C	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1-18-22

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. C. C. Camp

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 3316 S.C.S.7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denton, Caroline Co. Maryland

FATHER

13. NAME Ellsworth, Wheeler

14. BIRTHPLACE (city or town) (State or country) Denton, Caroline Co. Maryland

MOTHER

15. MAIDEN NAME Estella Taylor

16. BIRTHPLACE (city or town) (State or country) Hickman Del.

17. INFORMANT (Address) Wesley, Taylor High St., Denton, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Denton, Md. Date 8/12, 1939

19. UNDERTAKER (Address) Lewis A. Henry 222 Cedar St. Cambridge Md.

20. FILED Aug 2, 1939 Mr. D. O. George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stab wound in left - Neck.

Homicide. C.W.G.R.

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? homicide. Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mylene N Hutsel M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06860

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Caroline Registration Dist. No. 62

Village or City R. F. D. 3 - Denton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Bell Thomas If U. S. Veteran, specify WAR

(a) Residence: No. R. F. D. #3 - Denton St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. ~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Thomas

6. DATE OF BIRTH (month, day, and year): unknown

7. AGE: Years about 50; Months —; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Denton Md.

FATHER

13. NAME: Robert Acers

14. BIRTHPLACE (city or town) (State or country): Richmond Va.

MOTHER

15. MAIDEN NAME: Molly Johns

16. BIRTHPLACE (city or town) (State or country): Denton Md.

17. INFORMANT (Address): Viola Elliot 4236 Ogden St. Phila Pa.

18. BURIAL, CREMATION, OR REMOVAL Place: ~~Ridgley~~ Lewis, Md. Date 8/3/ 1939

19. UNDERTAKER (Address): Lewis A. Henry 222 Cedar St Cambridge

20. FILED 8/2 1939 Mrs DO George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 29 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1939, to July 28, 1939

I last saw her alive on July 28, 1939; death is said to have occurred on the date stated above, at 2130A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Rocky Mountain Spotted Fever	July 23-1939

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E Paul Nuotts M. D.

(Address) Denton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 5 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN